

**Provider Portal – FEEE2 User Guide**  
**Free Early Education Entitlement for 2 Year Olds**  
**Assisted Applications and Placement Submissions – Autumn 2016 Term**

Providers are no longer required to submit an application form for each two-year-old believed to qualify for Free Early Education Entitlement as this can now be completed by the parent directly via the [Essex Education Portal](#). A user guide for families can be found [here](#).

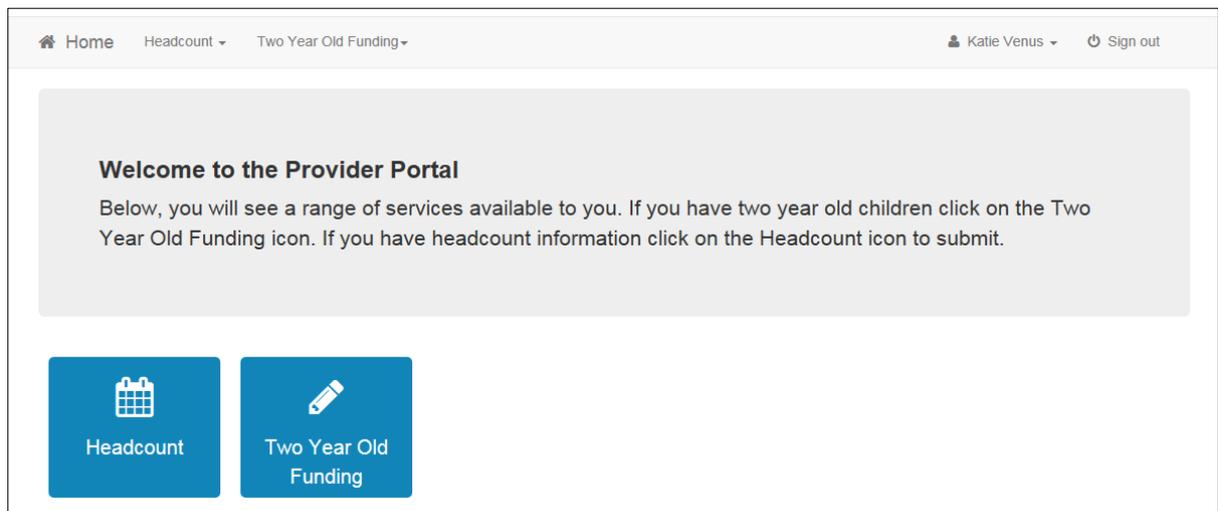
However, Providers can make an application on behalf of a family with no IT facilities or language barriers. You can make both economic and non-economic claims via the Provider Portal.

In order to begin an assisted application, the carer must provide the child's date of birth and current address. If these details are entered incorrectly, a new application has to be started as they cannot be updated once submitted.

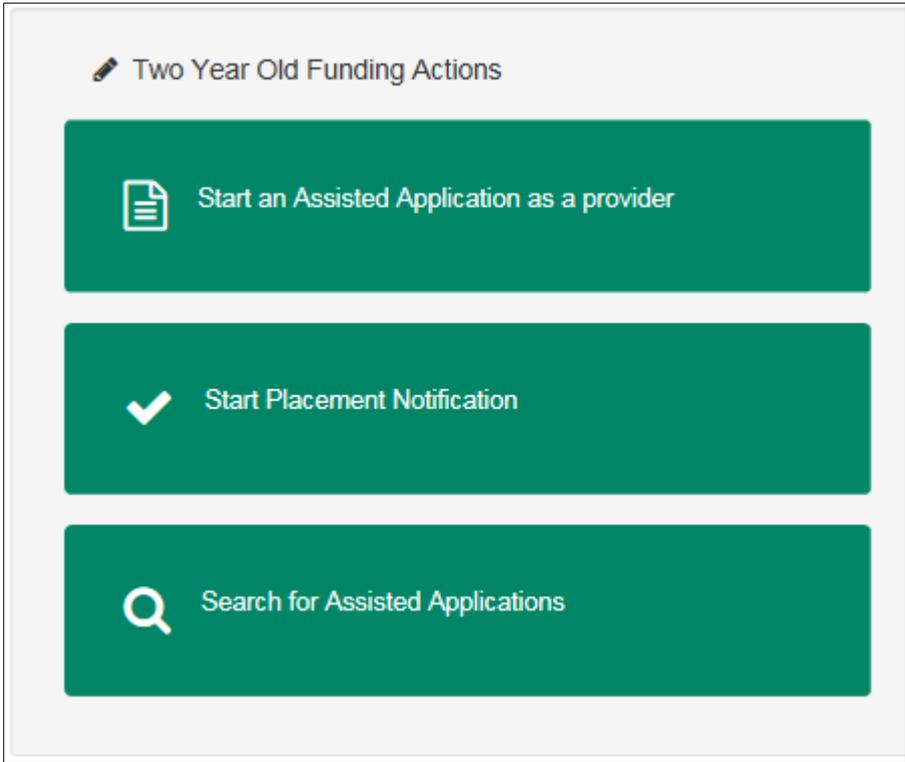
**Please note: Images in this document may vary to those in the Provider Portal.**

**Assisted Application as a Provider**

1. Log in to the [Provider Portal](#) using the username and password provided by Essex County Council.



2. Click the dedicated **Two Year Old Funding** button from the Homepage.



3. Click the **Start an Assisted Application as a Provider** button to display the **Assisted Application** page.

The image shows the "Assisted Application" form. It includes an introductory paragraph, a "Please note" section, and several input fields. The "Child's Date of Birth" field has a calendar icon and a tooltip that says "The child's date of birth". The "Child's Postcode" field has an information icon. Below these are "Provider" and "Service" dropdown menus. At the bottom, there are "Cancel" and "Continue" buttons.

4. Enter the **Child's Date of Birth**.
5. Enter the **Child's Postcode**.
6. Select the **Provider**.
7. Select a **Service**.
8. Click the **Continue** button to display the **Add Child** page.

### Add Child

To progress this application, enter the details of the child below

**Please note:** You cannot change the child's date of birth or postcode from those which you entered on the previous screen. If you have made a mistake then please restart the application.

Forename

Surname

Gender  Male  
 Female

Date of birth (dd/mm/yyyy)

Ethnicity

First Language

Postcode

[Find Address](#) [I don't have a Postcode](#)

\* Required field

[Cancel](#) [Continue](#)

9. Enter the child's **Forename**, **Surname** and **Gender**. The **Date of Birth** is pre-populated and cannot be changed. Enter the **Ethnicity** and **First Language** and click **Find Address** to enter the full address.

10. Click **Continue** to proceed to the Applicant Information page.

### Enter applicant Information

To progress this application, enter the details of the applicant below:

Title

Forename

Surname

Gender  Male  
 Female

Relationship

Parental Responsibility  Yes  
 No  
If the applicant has legal responsibility for this child, select Yes

Address Does the applicant live at the same address as the child ?  
 Yes  No

[Back](#) [Continue](#)

11. Enter the required details for the carer and click **Continue** to proceed to the **Claim Type**.

### Claim type

Here you can apply to receive funding for your two year old.

**Economic Claim**

Here you can make an application for the applicant based on economic grounds. Most applicants will want this option.

[Claim on economic grounds](#)

**Non-economic Claim**

Here you can apply for Two Year Old Funding through non-economic grounds. Applicants for looked after or SEN children should choose this route.

[Claim on non-economic grounds](#)

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### Submitting an Economic Claim

1. On the **Claim Type** page, click the **Claim on economic grounds** button to display the **Applicant's Economic Information** page.

### Enter applicants economic Information

To validate that the applicant is eligible, enter their economic details of the applicant below.

**Forename**

**Surname**

**Date of Birth**

Please enter either:

**National Insurance No.**   
(e.g. AB123456C)

Or

**National Asylum Seekers No.** (e.g. 13 / 07 / 56789)  /  /

[Continue](#)

**Details**

**Test Testing 2**

Gender	Female
Date of Birth	01-Aug-2014
Parental Responsibility	Yes
Relationship	Mother

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2. Enter the applicant's **Date of Birth**. The **Forename** and **Surname** are prepopulated.
3. Enter a **National Insurance number** or a **National Asylum Seekers number**.
4. Click the **Continue** button to display the **Declaration** page.

### Declaration

I declare that the applicant has confirmed that he/she has parental responsibility for the child named in this application and that they live together. The applicant has confirmed that all information he/she has provided as part of this application is correct to the best of his/her knowledge. I have checked with the applicant that he/she agrees that the information given can be shared locally for the benefit of their family.

I agree

[Back](#) [Confirm](#)

5. Select the check box to confirm that you have read and agree to the declaration.

6. Click the **Confirm** button to display the **Eligibility Result** page which will provide an outcome and a reference number.
7. Click the **Finish** button.

If the eligibility check was unsuccessful, the provider can:

1. Edit the applicant details:
  - a. Click the **Edit Applicant Details** button to display the **Applicant's Economic Information** page.
  - b. Make any necessary changes.
  - c. Click the **Continue** button to display the **Declaration** page.
  - d. Select the check box to confirm that you have read and agree to the declaration.
  - e. Click the **Continue** button to display the **Eligibility Results** page.
2. Perform an eligibility check on a second applicant:
  - a. Click the **Second Applicant Details** button to display the **Second Applicant Details** page.
  - b. Enter a **Forename, Surname** and **Date of Birth**.
  - c. Enter either a **National Insurance number** or an **Asylum Seekers number**.
  - d. Select the check box to confirm that the second applicant has parental responsibility for the child and has given their consent to the application being made on their behalf.
  - e. Click the **Submit** button to display the **Eligibility Results** page.
3. Request help from the local authority:
  - a. Click the **Request Help** button to display the **Request Help** page.
  - b. Enter the details of the help request including any relevant letter references of correspondence received from Essex County Council.
  - c. If required, click the **Add File** button to attach any additional evidence.
  - d. Select **Yes** to consent to the LA performing an ECS check on the applicant's behalf.
  - e. Click the **Continue** button to display the **Preferred Methods of Contact** page.
  - f. Select the preferred method of contact.
  - g. If required, a box is available to record additional information.
  - h. Click the **Continue** button to display the **Applicant's Contact Details** page.
  - i. Enter the applicant's telephone number.
  - j. Click the **Continue** button to display the **Application Submitted** page.

We will review the information submitted and respond to the Provider and Parent if requested, via the Preferred Method of Contact.

#### Submitting a Non-Economic Claim

1. On the **Claim Type** page, click the **Claim on non-economic grounds** button to display the **Non-economic Criteria Selection** page.

## Non-economic Criteria Selection

Select all of the criteria which applies to your application and please provide the details required for that criteria.

Please note that the maximum amount of evidence you can attach cannot exceed a total of 20MB

**Looked After Child** A "looked after child" is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services function.

Please provide details to support your claim relating to the above criteria

Please attach any additional evidence relating to the above criteria

[+ Add file](#)

**Adoption, Residence Order or Special Guardianship** Children who have left care but are not able to return home (through adoption orders, residence orders or special guardianship).

**Child has a Special Educational Need (SEN)** Has a current statement of Special Educational Needs or an Education, Health and Care plan.

**Child has a disability** Is in receipt of Disability Living Allowance (DLA).

The parent/applicant has confirmed that they have parental responsibility for the child to whom this application relates and that the child resides with them. The parent/applicant has also confirmed that all information provided relating to this application is correct to the best of their knowledge and that this information can be shared for the benefit of their family

The parent/applicant has been made aware of these conditions and has confirmed that they are true

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[Continue](#)

2. Select the criteria which apply to the application. Selecting a criteria displays a text box for you to provide additional details and an **Add file** button to attach additional evidence.
3. Select the check box to confirm that the applicant agrees with the declaration.
4. Click the **Continue** button to display the **Preferred Methods of Contact** page.

## Preferred methods of contact

How would the applicant like to be contacted once we have reviewed their application.

Via Email  No

Via Citizen Portal  No (only valid where the applicant has already created an account on Citizens Portal)

Via Provider  No

A message will always be sent to you via your Provider Portal account when changes are made to this application.

You may add some information below to record a phone number or address at which to contact the applicant when you receive any notifications from the authority.

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[Continue](#)

5. Select the preferred method of contact.
6. If required, enter additional information into the text box.
7. Click the **Continue** button to display the **Applicant Contact Details** page.

**Applicants contact details**

Please supply some information so that we can contact the applicant regarding any questions or updates relating to their application.

Telephone number 

Please supply the applicants telephone number

8. Enter a telephone number.
9. Click the **Continue** button to display the **Application Submitted** page.
10. Click the **Finish** button.

We will review the information submitted and respond with the outcome of the application to the Provider and parent/carer if requested, via the Preferred Method of Contact.

Starting a Placement Notification

1. Select the **Start Placement Notification** button from the **Free Early Education Entitlement for Two Year Olds** homepage.

**Placement Notification**

You can notify the Local Authority of funded placements for 2 year old children using this facility.

This placement must relate to a child who is two years old at the start of the funding period in which the proposed placement commences, you will need to provide some details about the child and the Funded Early Education for Two Year Olds application reference number; these details will be validated against those entered when eligibility for early education for two year funding was assessed.

You may find it appropriate to see the child's birth certificate and proof of residence at this stage, although this is not strictly necessary until you submit a request for funding

Application Reference 

Date of Birth 

Start of placement 

Surname 

Forename 

2. Completed the required details and click **Continue** to display the **Application Summary** page. The page displays the following panels:
  - Application Details
  - Child Details
  - Applicant Details.
3. Select the check box to confirm that the funded placement relates to the child for whom the application was approved.
4. Click the **Agree and Continue** button to display the **Address Confirmation** page.

## Address Confirmation

Child Details ▼

<b>Name</b>	[REDACTED]
<b>Gender</b>	[REDACTED]
<b>Date of Birth</b>	[REDACTED]
<b>Address</b>	[REDACTED]

Please confirm that the address shown above is the child's current address ?

[Yes, It is correct](#) [No, It is wrong](#)

5. Verify the address. If it is correct, click the **Yes, it is correct** button to display the **Placement Service Selection** page. If it is wrong, click the **No, it is wrong** button to edit the details or select another address.
6. Select a **Service**. If the selected Service is not marked as eligible for two year old funding, the placement will require approval from us and you will need to supply details, where indicated, of why the parent has selected this service.
7. Click **Continue** to display the **Placement Declaration** page.

## Placement Declaration

Child Details ▶

Placement Details ▶

**Declaration**

I understand that I must confirm the full name, date of birth and home address of the child before I claim any funded hours. I also understand funding for the placement will only be available from the child's date of eligibility

[Quit](#) [Continue](#)

8. Select the check box to confirm that the child's details are correct and that funding will only be available from the child's date of eligibility.

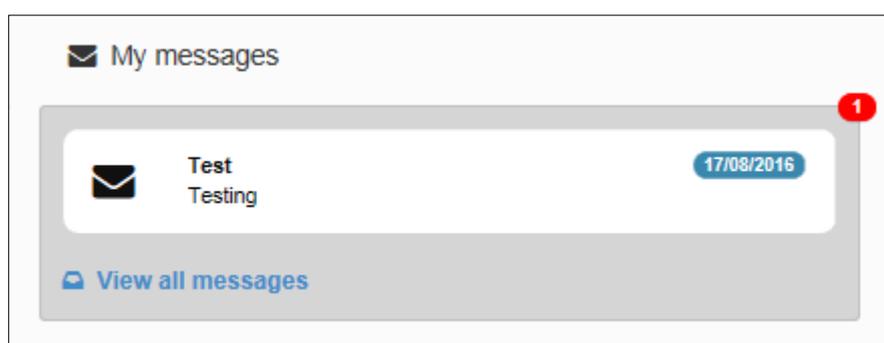
9. Click the **Continue** button to display the **Placement Summary** page where the placement reference will be provided.

10. Click the **Finish** button.

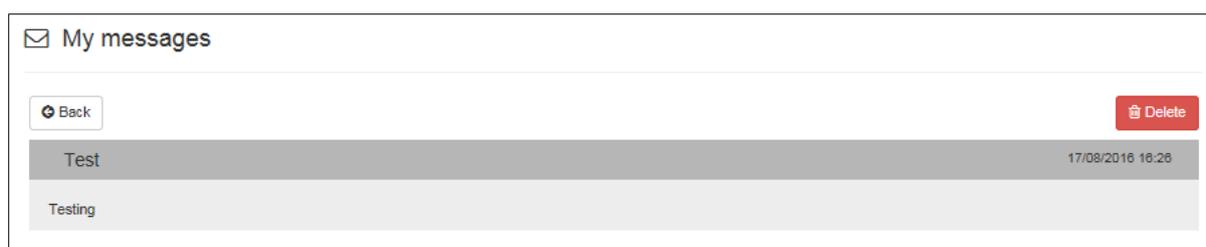
You will be notified of the outcome of the placement notification by a message to the Provider Portal.

### Viewing Messages

The **My Messages** panel is displayed on the Headcount and Free Early Education Entitlement for Two Year Olds homepages and lists the messages sent by Essex County Council regarding these matters.



1. Click on a message to display the details. Alternatively, click the **View All Messages** link to display the **My Messages** page.
2. If required, click on the **Subject** or **Received** heading to sort the list.
3. Click on a message to display the detail.



4. If required, click the **Delete** button to delete the message.
5. Click the **Back** button to display the homepage.

Once placements have been confirmed you can submit the hours for the funded child during the Headcount.

For any assistance with the **Two Year Old Funding** application process or with accessing the **Essex Education Portal** please contact us.

Email: [twosfunding@essex.gov.uk](mailto:twosfunding@essex.gov.uk)

